



MISSOURI DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SERVICES  
1320 CREEK TRAIL DRIVE, P.O. BOX 893  
JEFFERSON CITY, MO 65102-0893  
PHONE: (800) 877-8499 FAX: (573) 751-7408  
WEB ADDRESS: [www.modot.org/mcs](http://www.modot.org/mcs)

# APPLICATION FOR BLANKET PERMIT

For official use only District Number \_\_\_\_\_ Permit Number \_\_\_\_\_ initials \_\_\_\_\_

General Information									
USDOT#		Contact Person					Contact Telephone Number		
Escrow Account Number		Payment Method - <input type="checkbox"/> Escrow Account <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express							
Legal Name of Applicant						Federal Identification Number			
DBA Name						Social Security Number			
<b>Customer Type</b> (check one)						Date Organized/Incorporated		Missouri Registration Number	
<input type="checkbox"/> Sole Proprietorship – you must provide a Federal ID number or SSN above									
<input type="checkbox"/> Partnership – you must provide a Federal ID number above									
<input type="checkbox"/> Limited Partnership – you must provide a Federal ID number above									
<input type="checkbox"/> Corporation – What State? _____ you must provide a Federal ID number above									
<input type="checkbox"/> Limited Liability Corporation – What State? _____ you must provide a Federal ID number above									
<input type="checkbox"/> Limited Liability Partnership – you must provide a Federal ID number above									
Physical Address				City			State	Zip Code	
Mailing Address				City			State	Zip Code	
Email Address				Telephone Number			Fax Number		
Start Date		Send Permit How?		Fax Number		Email		Mail	
Permit Fees – Prorate by Quarter									
	Up to 12'4" wide Legal Weight	Multiple Commodity Legal Weight	100 Mile Radius Legal Weight	Emergency Response	Water Well Drill Rig Concrete Pump				
January – December	\$128.00	\$400.00	\$128.00	\$624.00	\$300.00				
April – December	\$ 96.00	\$300.00	\$ 96.00	\$468.00	\$225.00				
July – December	\$ 64.00	\$200.00	\$ 64.00	\$312.00	\$150.00				
October – December	\$ 32.00	\$100.00	\$ 32.00	\$156.00	\$ 75.00				
Power Unit Information									
<input type="checkbox"/> Toter <input type="checkbox"/> Truck <input type="checkbox"/> Truck-Tractor		License Number		State	VIN		Year	Make	
Do you want to revise a current permit? <input type="checkbox"/> Yes <input type="checkbox"/> No There is a \$2.00 Fee				If yes, original permit or application number			Original License Number		

## Application for Blanket Permit Continued

**Blanket permits are only available for 12'4" wide or less (except 100 mile radius). Other restrictions may apply.  
See section (7) of the Overdimension and Overweight Permit Regulations Book.**

**Check appropriate box for each type of blanket permit you are requesting:**

<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Hay	<input type="checkbox"/> Sludge Applicator
<input type="checkbox"/> Modular Homes	<input type="checkbox"/> Pipes	<input type="checkbox"/> Implement of Husbandry
<input type="checkbox"/> Mod/Mob Home Frames	<input type="checkbox"/> Poles	<input type="checkbox"/> 100 Mile Radius – for Farmers and Farm Implement Dealers – up to 14'6" wide
<input type="checkbox"/> Construction Equipment	<input type="checkbox"/> Beams	<input type="checkbox"/> Multiple Commodity
<input type="checkbox"/> Farm Equipment	<input type="checkbox"/> Poles (Utility Co. /Co-ops, etc)	<input type="checkbox"/> Well Drill Rig (overdimension only)

☐ Like Object (i.e. boat, trusses, portable building) **Enter Description:**

☐ LCV – Longer Combination Vehicle (only allowed to move within 20 miles of western border) **Route:**

☐ Emergency Response – **enter individual axle weights and spacings:**

<b>Axle Weight</b>																	
1	2	3	4	5	6	7	8	9	Total Weight								
<b>Axle Spacings – distance center to center between axles</b>																	
1 & 2		2 & 3		3 & 4		4 & 5		5 & 6		6 & 7		7 & 8		8 & 9		Total Axle Spacings	
Feet	Inches	Feet	Inches	Feet	Inches	Feet	Inches	Feet	Inches	Feet	Inches	Feet	Inches	Feet	Inches		
If under own power provide the following information:				Description				Year		Make				Serial Number			

<input type="checkbox"/> Water Well Drill Rig <input type="checkbox"/> Concrete Pump <b>enter individual axle weights and spacings</b> <b>Axle Weight</b>				Make				Serial Number				Overall Width		Overall Length	
												Feet	Inches	Feet	Inches
1	2	3	4	5	6	7	Total Weight								
<b>Axle Spacings – distance center to center between axles</b>															
1 & 2		2 & 3		3 & 4		4 & 5		5 & 6		6 & 7		Total Axle Spacings			
Feet	Inches	Feet	Inches	Feet	Inches	Feet	Inches	Feet	Inches	Feet	Inches				

### Certification

I DECLARE UNDER THE PENALTY OF PERJURY under the laws of the State of Missouri and United States of America that the foregoing information in the application is true and correct, that I am authorized to sign this on behalf of applicant and that the signature below is my own true and correct signature made by me and no other person.

Name (printed)	Date
Signature	Title



## INSTRUCTIONS FOR COMPLETING A BLANKET PERMIT APPLICATION

### General Information

**USDOT #:** Enter your U.S. Department of Transportation Number. If your operation does not require a USDOT number, enter "XX". If you don't know if a USDOT number is required, call the FMCSA at 573-636-3246 or visit [www.saftersys.org](http://www.saftersys.org)

**Contact Person:** Enter the name of the person we can call with questions about the application.

**Contact Telephone Number:** Enter the contact person's telephone number.

**Account Number:** Enter the account number assigned to you by MoDOT Motor Carrier Services.

**Payment Type:** Check a box for escrow account, cash, check or specific credit card. If using a credit card, for security reasons, don't write the card number on the application. A MoDOT employee will contact you for the information verbally.

**Legal Name:** Enter your legal name.

NOTE: If you have a MoDOT account number or ordered a permit in the past six months, skip to the **Start Date** section.

**DBA Name:** If your business is a sole proprietorship and you are doing business with a fictitious name, enter your business name. If you are a Missouri-based carrier, you must register this name with the Secretary of State office. You may contact the SOS office by calling 866-223-6535 or visiting [www.sos.mo.gov](http://www.sos.mo.gov).

**Federal Identification/Social Security Number:** Enter your FEIN if applicable. If not, enter your social security number. State law requires FEIN or Social Security Numbers of sole proprietorships. You must provide a FEIN or Social Security Number to obtain a permit.

**Customer Type:** Check one box. If you are a Missouri-based carrier, enter the date your business organized or incorporated and include your Missouri registration number.

**Physical Address:** Enter the address of your principal place of business.

**Mailing Address:** Enter your mailing address if it is different from the physical address.

**Start Date:** Enter the date you want your permit to start.

**Send Permit How?:** Enter the fax number, mailing address, and/or the e-mail address where you want the permit delivered.

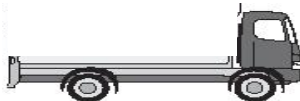
### Vehicle Information

**Power Unit:** Enter the license number, state it is licensed in, complete vehicle identification number, year and make. Check one box for power unit type. Examples follow:

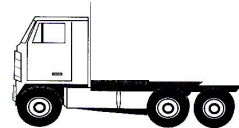


Toter

(used primarily for manufactured homes)



Truck



Truck-Tractor

**Revision:** If you want to revise a current year permit, check *yes* and provide the original permit or application number and original license number, otherwise check *no*.

### Page 2 – Check the appropriate box for *each* type of blanket permit you are requesting.

**Emergency Response:** If under own power, enter serial number and the serial number.

**Individual Axle Weights:** Enter weights for each axle in pounds.

**Axle Space:** Enter each individual axle spacing in feet and inches.

**Water Well Drill Rig or Concrete Pump Truck:** Check appropriate box. Enter make, serial number, overall width and length.

**Individual Axle Weights:** Enter weights for each axle in pounds.

**Axle Space:** Enter each individual axle spacings in feet and inches.

**Certification:** Print your name and the date of application. Sign the form and provide your business title, (i.e. president, owner or partner).